

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03968

1. PLACE OF DEATH

County Charles Registration Dist. No. 107
 Village or City Somphersville No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred 86 yrs. _____ mos. _____ ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

John Henry Burroughs If U. S. Veteran, specify WAR _____
 (a) Residence: No. _____ St. _____ Ward _____
 (Usual place of abode) If nonresident give city or town and State _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Black</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5e. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>Ella Frances Burroughs</u>		
6. DATE OF BIRTH (month, day, and year) <u>Oct 16, 1880</u>		
7. AGE Years <u>86</u>	Months <u>6</u>	Days <u>24</u> If LESS than 1 day, _____ hrs. _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Sentinel & above</u>	
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. _____	
FATHER	10. Date deceased last worked at this occupation (month and year) <u>June 1937</u>	
	11. Total time (years) spent in this occupation _____	
MOTHER	12. BIRTHPLACE (city or town) <u>Somphersville</u> (State or country) <u>Ind - Charles</u>	
	13. NAME <u>Jessie Burroughs</u>	
	14. BIRTHPLACE (city or town) <u>Somphersville, Ind</u> (State or country)	
MOTHER	15. MAIDEN NAME <u>Elizabeth Somerville</u>	
	16. BIRTHPLACE (city or town) <u>Somphersville, Ind</u> (State or country)	
17. INFORMANT <u>Ella Frances Burroughs</u> (Address) <u>Somphersville, Ind</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> Place <u>St. John's Church</u> Date <u>5/12, 1947</u>		
19. UNDERTAKER <u>Arthur Pigeon</u> (Address) <u>Waldorf, Ind</u>		
20. FILED <u>5/10</u> 19 <u>47</u> — <u>William J. Price</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

9 May (Month) 10 (Day) 1947 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 4 - 24 - 1947, to 5 - 10 - 1947

I last saw him alive on 5 - 8 - 1947; death is said

to have occurred on the date stated above, at 5:49 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute Ischemic
unknown to Dr. Date of onset _____

Other Contributory Causes of Importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicidal, or homicidal? _____ Date of injury _____ 19 _____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) V. B. Hayden M. D.

(Address) Waldorf, Ind

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
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Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

03963

CERTIFICATE OF DEATH

Reg. Dist. No. 101

1. PLACE OF DEATH:

County Charles
 City or town Marbury
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 yrs.
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Charles
 City or town Marbury
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2(a) if veteran, name war _____

3. (a) FULL NAME

Eula S. Clumcey

3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced Married

8. (b) Name of husband or wife Michael Clumcey
 6. (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) April 17 1868

8. AGE: Years 79 Months _____ Days 24 If less than one day _____ hrs. _____ min.

9. Birthplace Bonsiehe, Charles Co. Md.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER 12. Name Peter Wheeler

13. Birthplace Virginia

14. Maiden name Margaret Rowe

15. Birthplace Charles Co., Md.

16. Informant Lessie Milstead

Address Hill Top, Md.

17. Burial (Burial, cremation, or removal Which?) Burial Date thereof May 18 1947
 (month) (day) (year)

Cemetery or crematory H. Charles

Location Indian Head Md.

18. Funeral director Hart & Ryan

Address Waldorf Md.

19. May 12 19 47 Mary Southland Registrar
 (Date rec'd by registrar) (local)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1947 at 1:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 6 1947 to May 11 1947

and that I last saw her alive on May 9 1947

Immediate cause of death Cardio-vascular renal disease

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Geo. O. Bicknell M.D. M. D. or other _____

Address Marbury Md. Date signed May 12 1947

RECEIVED

MAY 19 1947

BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03964

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:

County CharlesCity or town La Plata
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CharlesCity or town La Plata
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

William Randall Clark

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) October 15, 1856

6. (c) If alive, give age

8. AGE:

Years 90Months 47Days 28

If less than one day

..... hrs. min.

9. Birthplace Philadelphia, Pennsylvania
(Town, county, and state)10. Usual occupation Retired farmer

11. Industry or business

FATHER

12. Name John Randall Clark13. Birthplace London, England

MOTHER

14. Maiden name Ellen Harrington15. Birthplace London, England16. Informant Miss Viola K. ClarkAddress La Plata, Maryland17. Burial Date thereof 5-20-47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mount RestLocation La Plata, Maryland18. Funeral director Huntt & RyonAddress Waldorf, Maryland19. 5/19/47 19

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1947, at 10 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 3 1940 to May 17 1947and that I last saw him alive on May 17 1947

Immediate cause of death

DURATION

Generalized Arterio
Sclerosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address La Plata, Md Date signed 5-19-47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 21 1947

BERKELEY

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03965

Reg. Dist. No. 106

1. PLACE OF DEATH:

County CHARLESCity or town INDIAN HEAD
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 28 YEARS

Hospital, institution, or street address where death occurred:

103 HOLDEN ROADHow long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County CHARLESCity or town INDIAN HEAD
(If outside city or town limits, write RURAL and give nearest town)Street No. 103 HOLDEN ROAD

(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME

VOLNEY HOWARD DRINKARD

3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6.(a) Single, married, widowed, or divorced

MARRIED6.(b) Name of husband or wife FLETA C. DRINKARD7. Birth date of deceased (mo., day, yr.) APRIL 19 18896.(c) If alive, give age 58 years

8. AGE: Years Months Days It less than one day

5815

.....hrs.min.

9. Birthplace LYNCHBURG, VA.
(Town, county, and state)10. Usual occupation MACHINIST11. Industry or business NPF INDIAN HEAD, MD.12. Name GLOVER DRINKARD13. Birthplace CAMPELL COUNTY VIRGINIA14. Maiden name ROSIE W. CARDWELL15. Birthplace CAMPELL COUNTY VIRGINIA16. Informant GROVER C. DRINKARDAddress INDIAN HEAD, MD.17. BURIAL
(Burial, cremation, or removal. Which?) Date thereof MAY 27 1947
(month) (day) (year)Cemetery or crematory MARBURY BAPTIST CHURCH CEM.Location MARBURY, MD.18. Funeral director HUNT + RYANAddress WALDORF, MD.19. MAY 24 47 Odey Price
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 24 19 47 at 3:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

APRIL 26 19 46, to MAY 24 19 47and that I last saw him alive on MAY 17 19 47Immediate cause of death ANOXIA

DURATION

Due to PULMONARY TUBERCULOSIS - 4 YEARSFAR ADVANCEDDue to —Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations —Date of op. —Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —Means of injury — Injured at work? —23. SIGNATURE Fredric W. Reichert M.D.

M. D. or other

Address INDIAN HEAD, MD. Date signed 5-24-47

RECEIVED

JUN 26 1947

BUREAU 7 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The carriage age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

170C

03966

Reg. Dist. No. 100

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County Charles
 City or town Bryans Road
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
U.S. Highway 224
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Charles
 City or town Bryans Road
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

William A. Dyson

3. (b) Social Security Number

4. Sex Male 5. Color or race Negro 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Annie King Dyson
 6. (c) If alive, give age 31 years
 7. Birth date of deceased (mo., day, yr.) June 29, 1904
 8. AGE: Years 42 Months 10 Days 19 If less than one day _____ hrs. _____ min.

9. Birthplace Bryans Rd. Charles, Md.
 (Town, county, and state)

10. Usual occupation Refuse

11. Industry or business

12. Name William Dyson

13. Birthplace Charles Co. Md.

14. Maiden name Mollie Bowman

15. Birthplace Charles Co. Md.

16. Informant Hattie Carter

Address 719 - R. J. Gre N.W. Wash. D. C.

17. Burial Date thereof 5-28-47
 (Burial, cremation, or removal) Which? (month) (day) (year)

Cemetery or crematory Pomonkey

Location Charles Co. Md.

18. Funeral director Hunt & Papp

Address Waldorf, Md.

19. 5-20 1947 Julius H. Pacey
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18, 1947 at 12:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 18, 1947 to May 18, 1947

and that I saw him on May 18, 1947

Immediate cause of death Crushed chest

Due to Auto accident

Due to Hit by auto

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Accident Date of 5-18-47

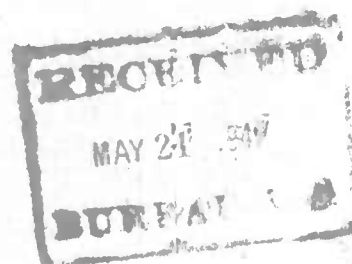
Where did injury occur? Bryans Road, Charles, Md.
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) State road

Means of injury Hit by auto Injured at work? No

23. SIGNATURE James I. Mackinnon, M.D.
 M. D. or other

Address La Plata, Md. Date signed 5-18-47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

466

CERTIFICATE OF DEATH

Reg. Dist. No. 03967

1. PLACE OF DEATH:

County... Charles
 City or town... Rural Newmarket
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 36 years
 Hospital, institution, or street address where death occurred:
Route #6 - Newmarket - La Plata
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Charles
 City or town... Rural Newmarket
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Route #6 - Newmarket - La Plata
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Carl Geppert

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Married

B. (b) Name of husband or wife Emma Geppert

7. Birth date of deceased (mo., day, yr.)

Jan. 27, 1876

6. (c) If alive, give age 73 years

8. AGE:

71

4

2

If less than one day

hrs. min.

9. Birthplace

Conney, Poland
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Farmer

FATHER

12. Name

Gustaf Geppert

13. Birthplace

Conney Poland

MOTHER

14. Maiden name

Emma Clerber

15. Birthplace

Conney Poland

16. Informant

Mrs. Carl (Emma) Geppert

Address

Route #6 - Rural (Newmarket) Charles Co

17.

(Burial, cremation, or removal, Which?)

Date thereof June 1, 1947
(month) (day) (year)

Cemetery or crematory

WASHINGTON NATIONAL

Location

Suitland md.

18. Funeral director

ELMER M. QUADE

Address

Hughesville md

19.

(Date rec'd by registrar)

June 1, 1947

Julia H. Pacy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 29, 1947, at 8:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 26, 1947, to May 29, 1947

and that I last saw him alive on May 14, 1947

Immediate cause of death

Circulatory failure

DURATION

3 weeks

Due to

Anemia, secondary

1 year

Due to

Carcinoma of Stomach
with metastases to liver

?

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Francis J. Cusley M.D. or other

Address

Hughesville, Md

Date signed

June 29, 1947

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 4 1947

BUREAU OF S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1790

CERTIFICATE OF DEATH

Reg. Dist. No. 05968 106

1. PLACE OF DEATH County <u>Charles</u> City or town <u>Rural (Bryans Road)</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>4 months</u> Hospital, institution, or street address where death occurred: How long in hospital or institution?			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State <u>Washington, D.C.</u> City or town <u>Washington, D.C.</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>1740 2nd St. N.W.</u> (If rural, give LOCATION) 2.(a) if veteran, name war		
3. (a) FULL NAME <u>Samuel Johnson</u>			3. (b) Social Security Number <u>X</u>		
4. Sex <u>Colored Male</u>			5. Color or race <u>Married</u>		
6. (a) Single, married, widowed, or divorced <u>Married</u>			6. (b) Name of husband or wife <u>Bessie Johnson</u>		
7. Birth date of deceased (mo., day, yr.) <u>1994</u>			6. (c) If alive, give age years		
8. AGE: Years <u>about 53</u> Months Days It less than one day hrs. min.			9. Birthplace <u>North Carolina</u> (Town, county, and state)		
10. Usual occupation <u>Laborer</u>			11. Industry or business <u>Construction Work</u>		
FATHER	12. Name <u>Eddie Johnson</u>		13. Birthplace <u>S.C.</u>		
	14. Maiden name <u>S.C.</u>		15. Birthplace <u>S.C.</u>		
MOTHER	16. Informant <u>Alec Queen</u>		17. Burial Address <u>Bryans Road, Md.</u> (Burial, cremation, or removal. Which?) Date thereof <u>May 22, 1947</u> (month) (day) (year)		
	Cemetery or crematory <u>Payne Cem.</u>		Location <u>Washington, D.C.</u>		
18. Funeral director <u>Penny & Cofer</u>			Address <u>1450 1st Springs, Md.</u>		
19. 5/15/47 (Date rec'd by registrar)			20. 47 (Date signed by registrar)		

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1947 at 6:30 M

I CERTIFY that death occurred on the date above stated; that I attended deceased from

19..... to 19.....

and that I last saw him..... alive on 19.....

Immediate cause of death.....

DURATION 24 daysPoisoning result ofdrinking Methyl Alcoholover (cooked meat) inWash. D.C. about 5/13/47to (friend died in Wash.D.C. 5/13/47 of samecause & both weredrinking together)

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. Accident death was due to external forces, fill in the following: 5/13/47Accident, suicide, or homicide..... Date of 5/13/47Where did injury occur? Washington D.C.

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE.....

M. D. or other

Address..... Indian Head, Md. Date signed 5/15/47

Washington, D.C.

Charles
Ruell (Bureau Road)
4 Banks

X

May 12 41 C

Edward Johnson
Colonel Mark
Bureau to Johnson

Personnel to staff of
Unit in Federal Alcohol
(General Staff) in
Washington D.C. about 2/1/47
General Staff of some
of Staff of some
Bureau & other work
(General Staff)

about 23
Work (Cabinet)

RECEIVED
JUN 5 1947
BUREAU V B

2/13/47
Accident 46

Alce Quess
Bureau Road, MD

Personnel to staff of
Bureau to Johnson

For Mr. Johnson
Index - 44444 2/13/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 106

1. PLACE OF DEATH:

County Charles
 City or town Bryans Road Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 68 yrs.
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md County Charles
 City or town Bryans Road
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Mary Elizabeth Key

3. (b) Social Security Number

4. Sex Female 5. Color or race Col. 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife James W. Key Sr.
 6. (c) If alive, give age 72 years
 7. Birth date of deceased (mo., day, yr.) Dec. 2, 1878

8. AGE: Years 68 Months 5 Days 18 If less than one day _____ hrs. _____ min.

9. Birthplace Bryans Road, Md.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own home

12. Name John Morbury

13. Birthplace Charles Co. Md.

14. Maiden name Matilda NEAL Morbury

15. Birthplace Charles Co. Md.

16. Informant James W. Key Jr.

Address Bryans Road, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 1947
 (month) (day) (year)

Cemetery or crematory Metropolitan ME Church

Location Pomonkey, Md.

18. Funeral director Matthews & Barnes

Address Wash. D. C.

19. 5-20- 47 M. E. Key Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1947

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 26 1947 to May 20 1947

and that I last saw him alive on May 20 1947

Immediate cause of death Empyema Rt. Lung

Due to Unresolved Pneumonia

Other conditions Rt. Hemiplegia

(Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

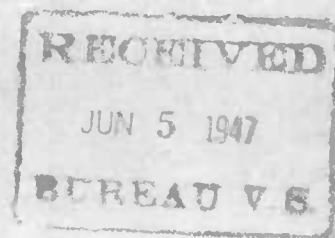
Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Frank G. Loomis

M. D. or other _____

Address Todman, Md. Date signed 5/20/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

03970

CERTIFICATE OF DEATH

Reg. Dist. No. 101

1. PLACE OF DEATH:
 County Charles
 City or town Douglas
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 yrs
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Charles
 City or town Thurgood
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2(a) If veteran, name war

3. (a) FULL NAME William B. Lawrence

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Rose Lawrence

6. (c) If alive, give age 72 years
 7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years 80 Months Days If less than one day hrs. min.

9. Birthplace Somerset Maryland
 (Town, county, and state)

10. Usual occupation Waterman

11. Industry or business

12. Name William Lawrence

13. Birthplace Unknown

14. Maiden name Hester Bauseman

15. Birthplace Unknown

16. Informant Mrs. Rose Lawrence

Address Douglas Md.

17. Burial (Burial, cremation, or removal, Which?) Burial Date thereof May 19 47
 (month) (day) (year)

Cemetery or crematory Baptist

Location Waldorf Md.

18. Funeral director Walter H. Ryan

Address Waldorf Md.

19. May 17 19 47 Henry Southland Registrar
 (Date rec'd by registrar) (Local)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 19 47 at 9:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 19 47 to May 19 47

and that I last saw him alive on May 15 19 47

Immediate cause of death

Infirmities of age -

Due to Interosseal

Due to Chr. Nephritis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George C. Bicknell M. D. or other

Address Waldorf Md. Date signed May 17 47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAY 24 1947

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH:

County ChesCity or town Towsonville md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County ChesCity or town Towsonville md
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Joseph Roy

3. (b) Social Security Number

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) Jan 18 1879

8. AGE:

68 Years Months Days If less than one day _____ hrs. _____ min.

9. Birthplace

Ches Co md
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name George Roy13. Birthplace Towsonville md

14. Maiden name

15. Birthplace Edna Fowler
Towsonville md

16. Informant

Address Ellie Buchanan
Towsonville md

17.

(Burial, cremation, or removal. Which?) Cremation Date thereof 5-27-47
(month) (day) (year)

Cemetery or crematory

Stacy Street
Ches Co md

Location

18. Funeral director Hunt & SonsAddress Waldorf
md

19.

(Date rec'd by registrar)

5-26-47 M. L. Morris Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-25 1947, at 7:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Ches Co md to Ches Co md 1947and that I last saw him _____ alive on _____ 1947

Immediate cause of death

Pulmonary HemorrhageDue to Pulmonary tuberculosis

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work? _____

23. SIGNATURE

E. J. Delaney M. D. or other 5-26-47
Address Ches Co md Date signed 5-26-47

2-22-47
General
J. Edgar Hoover
Director

Joseph
M. ...

20
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MAY 28 1947
BUREAU

(Enclosure)
J. Edgar Hoover

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 101

03972

1. PLACE OF DEATH:

County Charles
 City or town Marbury
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life time
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Annie Simmons (Montgomery)

3. (b) Social Security Number

4. Sex H 5. Color or race C 6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife John Montgomery (Common-law)7. Birth date of deceased (mo., day, yr.) 19018. AGE: Years 46 Months 2 Days 2 If less than one day hrs. min.9. Birthplace Marbury Charles Co. Md.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Waters13. Birthplace Charles Co. Ind.14. Maiden name Unknown15. Birthplace Unknown16. Informant Bernice CorningtonAddress Washington Co.17. Burial May 17 47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Smith ChapelLocation Pisgah, Ind.18. Funeral director R. ShiversAddress Washington Co19. May 14 19 47 Mary Southland
(Date rec'd by registrar) (year) (month) (day) (name)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 19 47 at 59 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 19 47 to May 19 47and that I last saw him alive on May 19 47Immediate cause of death Intestinal Carcinoma

DURATION

Due to.....

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
(City or town) (County) (State)

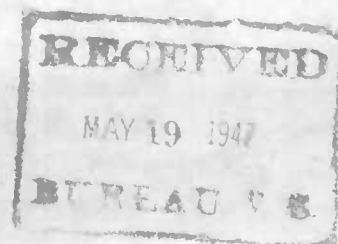
Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE Geo. C. Bicknell M.D.

M. D. or other

Address Marbury Md Date signed May 14 47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

486

03973

CERTIFICATE OF DEATH

Reg. Dist. No. 106

1. PLACE OF DEATH:

County..... *Charles*
 City or town..... *Rural Indian Head*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... *28 yrs + 3*
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... *MD.* County..... *Charles*
 City or town..... *Rural Indian Head*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2(a) If veteran, name war.....

3. (a) FULL NAME

Marguerite Swann Thompson

3. (b) Social Security Number

4. Sex..... *Female* 5. Color or race..... *Colored* 6. (a) Single, married, widowed, or divorced..... *married*
 6. (b) Name of husband or wife..... *George S. Thompson*
 6. (c) If alive, give age..... *54* years
 7. Birth date of deceased (mo., day, yr.)..... *March 1, 1900*
 8. AGE: Years..... *47* Months..... *2* Days..... *9* If less than one day..... hrs. min.
 9. Birthplace..... *Bel Alton, MD*
 (Town, county, and state)
 10. Usual occupation..... *housewife*
 11. Industry or business..... *own home*
 12. Name..... *Jones Swann*
 13. Birthplace..... *Bel Alton, Md.*
 14. Maiden name..... *Mamie Procter*
 15. Birthplace..... *Bel Alton, Md.*

16. Informant..... *George S. Thompson*
 Address..... *(PO) Pisgah Md.*
 17. Burial..... *Burial* Date thereof..... *May 12 1947*
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory..... *St Charles*
 Location..... *Glymont, Md.*
 18. Funeral director..... *Penny & Cofer*
 Address..... *Mason Springs, Md.*
 19. *5/12* 19 *47* *Odey price*
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... *May 10* 19..... *47* at..... *5 A* M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from..... *September 5 47* to..... *May 10 47*
 and that I last saw him/her alive on..... *May 8 47*
 Immediate cause of death..... *Coronary Atheri*
 DURATION..... *1 year*
 Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings of operations.....
 Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistics By.....

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?.....
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?
 23. SIGNATURE..... *Franklin Swann M.D.*
 Address..... *Indian Head, Md.* Date signed..... *5/10/47*

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JUN 5 1947
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:

County Charles
 City or town La Plata
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 week
 Hospital, institution, or street address where death occurred:
Physician Memorial Hospital
 How long in hospital or institution? 1 week

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md. County Charles
 City or town White Plains
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Plessant Lucille Wood

3. (b) Social Security Number

4. Sex F 5. Color or race Negro 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife John Wood
 7. Birth date of deceased (mo., day, yr.) July 9, 1911 8. (c) If alive, give age _____ years
 8. AGE: Years 35 Months 9 Days 26 If less than one day _____ hrs. _____ min.

9. Birthplace Charles County Md.
 (Town, county, and state)

10. Usual occupation Stunt

11. Industry or business _____

12. Name Alex. Slater

13. Birthplace Ches. Co., Md.

14. Maiden name Mary Lyles

15. Birthplace Ches. Co., Md.

16. Informant John Wood

Address White Plains, Md.

17. Burial Date thereof 5-7-47
 (Burial, cremation, or removal) (month) (day) (year)

Cemetery or crematory St. Joseph

Location Pamper, Md.

18. Funeral director Wright & Ryan

Address Waldorf, Md.

19. 5-7 19 47 Julia H. Pacey
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 19 47, at 11:24 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 29 19 47 to May 5 19 47

and that I last saw her alive on May 5 19 47

Immediate cause of death Respiratory Paralysis DURATION _____

Due to Toxic Medullary Depression

Due to _____

Other conditions Inoperable Malignant

metastases (Retroperitoneal Sarcoma)

(Include pregnancy within 3 months of death)

Major findings of operations Malignant - Retroperitoneal

Sarcoma - inoperable Date of op. May 5/47

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE J. Barron Jarboe M.D. M. D. or other _____

Address La Plata, Md. Date signed 5-6-47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 10 1947

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M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

08975

CERTIFICATE OF DEATH

Reg. Dist. No. 106

1. PLACE OF DEATH: Charles
 County Pomonkey
 City or town 88 years
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State MD County Charles
 City or town Pomonkey
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME John C. Young

3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Ella Kay Young

7. Birth date of deceased (mo., day, yr.) 2-14-59

8. AGE: Years 88 Months 2 Days 29 It less than one day _____ hrs. _____ min.

9. Birthplace Pomonkey
 (Town, county, and state)

10. Usual occupation Laborer (Retired)

11. Industry or business U.S. Govt

12. Name Not Known

13. Birthplace Not Known

14. Maiden name Not Known

15. Birthplace

16. Informant Wesley S. Jordan

Address Pomonkey, Md.

17. Burial Date thereof May 15 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Metropolitan M.E. Church

Location Pomonkey, Md.

18. Funeral director Barnes & Matthews

Address 614-14th St. S.W. Wash. D.C.

19. 5/13 47 Odey Price
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1947, at 1A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 20 1947 to May 13 1947 and that I last saw him alive on May 10 1947

Immediate cause of death Chronic myocarditis

DURATION

2 years

Due to Senility

4 years

Due to

Other conditions Chronic prostatic Obstruction 12 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Franklin Susan L. S.

M. D. or other

Address Indian Head Md Date signed 5-13-47

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JUN 5 1947

BUREAU V. S.